



INSTITUTE OF SOCIAL
MEDICINE

40, PARKES ROAD,
OXFORD

County Borough of Halifax
Health Department

Annual Report

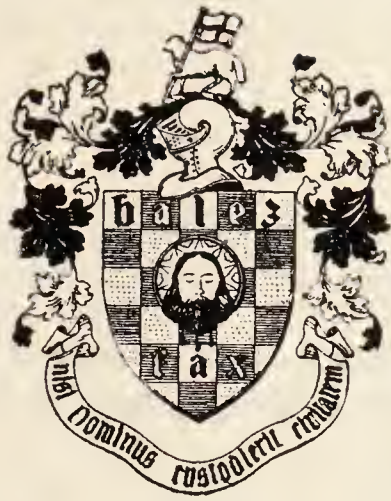
ON THE HEALTH
OF THE BOROUGH
FOR THE YEAR 1945



GEORGE C. F. ROE

M.R.C.P., L.R.C.S., L.M., D.P.H., D.P.M.

Medical Officer of Health



County Borough of Halifax
Health Department

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Medical Officer of Health

Health Committee

(as on December 31st, 1945).

Mayor - ALDERMAN J. H. STEPHENSON, J.P.

ALDERMAN L. CHAMBERS, *Chairman*.

COUNCILLOR A. GELDER, *Vice-Chairman*.

Alderman E. MIDGLEY.

Alderman A. MUFF.

Councillor G. H. BUTTERS.

Councillor H. P. POWNEY.

„ R. GARSIDE.

„ E. RILEY.

„ J. NICHOLL.

„ T. STOTT.

„ H. NUTTON.

„ W. E. HORSLEY.

„ J. LUMB.

„ W. OXLEY.

Councillor D. ROBINSON.

Sub-Committees

Appointed by the Health Committee.

Health Services Sub-Committee.

THE CHAIRMAN.

Councillor HORSLEY.

VICE-CHAIRMAN.

„ NUTTON.

Councillor GARSIDE.

„ ROBINSON.

Hospitals Sub-Committee.

THE CHAIRMAN.

Councillor LUMB.

VICE-CHAIRMAN.

„ OXLEY.

Alderman MIDGLEY.

„ POWNEY.

MUFF.

„ RILEY.

Councillor BUTTERS.

„ STOTT.

Accounts Sub-Committee.

THE CHAIRMAN.

Councillor LUMB.

VICE-CHAIRMAN.

„ NUTTON.

Councillor RILEY.

Joint Recovery Sub-Committee.

The Members of the Health Committee who shall serve in rotation.

Maternity and Child Welfare Committee.

The Health Committee with the following additional Members:—

Mrs. J. HODGSON.

Mrs. E. L. WHITAKER.

Mrs. J. MOORE.

Mrs. H. M. MARSLAND.

Mrs. E. L. WHITLEY.

Mrs. F. RATCLIFFE.

Mrs. G. TINKER.

Committee for the Care of the Mentally Defective.

Alderman L. CHAMBERS

Councillor F. T. HODGSON.

(Chairman).

„ J. C. ARGUILE.

Councillor G. H. BUTTERS

„ M. PICKLES.

(Vice-Chairman).

Mr. E. HARRISON.

Alderman M. LIGHTOWLER,

Mrs. E. L. EFFRON.

J. ODDY.

Mrs. A. SMITH.

Mrs. E. TOWNSEND.

Welfare of the Blind Sub-Committee.

THE CHAIRMAN.

Alderman MIDGLEY.

VICE-CHAIRMAN.

Councillor GARSIDE.

Councillor OXLEY.

Staff of the Health Department

(as on December 31st, 1945).

Medical Officer of Health.

GEORGE C. F. ROE, M.R.C.P., L.R.C.S., L.M., D.P.H., D.P.M.

Assistant Medical Officers of Health.

WILFRID SMITH, M.Sc., M.B., B.Ch., B.A.O., Clinical Tuberculosis Officer and Resident Medical Officer, Sanatorium.

E. J. SIMPSON, M.B., Ch.B., Medical Officer to Maternity and Child Welfare Centre.

F. W. WATERWORTH, M.B., Ch.B., D.P.H., Assistant School Medical Officer.

S. CARTER, M.D., B.Hy., D.P.H., Resident Medical Officer, Isolation Hospital.

District Medical Officers.

A. GARVIE, M.D.

W. H. CRAVEN, B.Sc., M.B.,
Ch.B., D.T.N.

J. MORRISON, M.B.

V. C. MEYER, M.B., Ch.B.

R. DAVIDSON, M.B., Ch.B.

R. LAWSON, M.B., Ch.B.

G. S. OGILVY, L.R.C.P., L.R.C.S.

Inspectors.

J. W. BEAUMONT, Chief Sanitary Inspector.

District Sanitary Inspectors :

E. WILSON.

H. LEAPER.

A. PEARSON.

G. A. WOODHEAD.

J. L. MOXON.

H. MARGERISON, Senior Sanitary Inspector and Housing Inspector.

F. BURTON, Housing Inspector.

J. FLANAGAN, Meat and Foods Inspector.

Clerical Staff.

C. CARLTON, Chief Clerk.

Clerks :

H. WRIGHT.

H. CARLTON (on Active Service).

G. WALSHAW

N. BRADLEY

T. K. BOOTHMAN (on Active Service).

E. B. JORDAN (Temporary).

B. P. GREENMAN (Temporary).

D. ARCHBELL (Temporary).

Miss E. CLARKSON, Vaccination Officer, Visitor for Mental Deficiency Acts, Boarding-out Order (Children under 5), and Children and Young Persons Act (Part V.).

Maternity and Child Welfare.

Miss E. R. ORAM, Senior Health Visitor.

Health Visitors :

Miss M. MOORE.

Miss M. O. FORRESTER.

Miss S. E. BRIGGS.

Miss N. DINGSDALE.

Mrs. E. MALTON, Clerk (Temporary).

The Halifax General Hospital.

Miss N. SPILMAN, Matron.

A. WHEELDON, Steward.

L. LYNN, Assistant Steward.

H. WILKINSON, Admission Officer.

Miss H. EYRE, Clerk.

Clerks (Temporary) :

Mrs. L. FARRAR.

Mr. F. W. COATES.

Miss E. M. KEETLEY.

Miss M. STEPHENSON.

Miss W. GOODRICH.

Miss A. SYKES.

Miss M. DENHAM (Temporary), Tuberculosis Visitor.

Miss R. E. STUBBS, Matron, Isolation Hospital.

Miss K. N. FLEMING, Matron, Halifax Sanatorium.

R. MALLINDER, B.Sc., F.I.C., Public Analyst.

COUNTY BOROUGH OF HALIFAX.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH,

FOR THE YEAR 1945.

INTRODUCTION.

To the Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report upon the Health of the Borough for the year 1945, which, like its war-time predecessors has been confined to essential matters. The Report is the seventy-third of the series.

The incidence of infectious diseases remained low. The incidence of diphtheria was the lowest on record and I am of the opinion that immunisation played an important part in this regression of a serious and killing disease. The incidence and mortality of tuberculosis and the incidence of venereal diseases declined a little, though, of course both tuberculosis and venereal diseases were above pre-war levels. The following statistics are of interest :—

Year	Death-rate	Infant Mortality Rate	Maternal Mortality Rate	Number of Neo-natal Deaths	Number of Stillbirths	Number of Births
1945	16.1	42	2.0	35	34	1,465
1944	14.5	38	2.3	39	46	1,752

Although Infant Mortality has been greatly reduced, Neo-natal Mortality (deaths occurring in the first month) has been little affected during the period of the falling infant death-rate. The fall has been, not in the first month, but in the subsequent eleven months. I would point out that many neo-natal deaths

are referable to congenital abnormalities, and therefore, are susceptible to little improvement. The chief causes of infant deaths are : developmental diseases, prematurity, bronchitis and pneumonia, congenital malformations, enteritis, convulsions, whooping cough and measles. By both ante- and post-natal care, the number of deaths from the majority of these causes could be still further reduced. In Halifax ante-natal, post-natal and skilled obstetrical care are provided for every mother.

The health of Halifax as measured by the statistics available would be a matter for congratulation in normal times, but for an industrial town to achieve such a good state of health after more than five years of total war, is indeed remarkable. Having made this point, I must now remind you that the vital and mortal statistics in this—and previous—reports relate only to illnesses which are notifiable or caused death. The multitude of minor ailments which in the aggregate accounts for the major invalidity of the community is not recorded, and we therefore have no ground for any complacency we may feel in the matter. As the result of a minor enquiry carried out by the Health Department relating to the months of October, November and December, I estimate that, in respect of persons between 20 and 60 years, 5 out of 10 suffered from a minor ailment of some kind. Reaction after the strain of a long total war may be more disastrous to health than war itself. It is not at all certain that the improvements in vital statistics will be maintained.

An increase in skin diseases among school children has been noticed, and it is suggested that a deficiency of vitamins C and D is a factor in the ætiology of these conditions. It is also suggested that our present food is too starchy and stereotyped. To achieve variety more meat, fat, fruit and sugar are needed.

We have no statistics relating to neurosis but, I am of the opinion that the incidence of neurosis has increased during the period under review. In time of war—and for some years afterwards—we can reasonably expect to find an increase in mental illnesses.

Once again I have to direct your attention to the problem of atmospheric pollution. The pollution consists of relatively coarse solid matter, such as grit, which is quickly deposited ; fine solid matter, such as smoke, and gases such as sulphur dioxide. Of medical interest is the reduction of actinic light. If all smoke were eliminated, about 30% more ultra-violet radiation would reach our towns, and the incidence of bronchitis and pneumonia would be reduced.

With regard to our Day Nurseries I do not know what the policy of the Government will be in 1946. In my view, the need for some nursery provision will continue, because

there will always be some mothers who will have to go out to work, and there will be mothers whom ill-health or maternity prevents them from giving full care to their children.

As in previous reports I have to record a high cancer death-rate. This is partly accounted for by the ageing of the population, improvements in diagnosis and greater accuracy in death certification. Medicine has triumphed over infant mortality, maternal mortality, nutritional diseases, diphtheria and so forth; in brief, chiefly against those diseases that affect the young. The incidence of cancer and cardio-vascular diseases—which affect chiefly people over 45—continues to increase. Cancer kills its victims often when they are of inestimable value to the community. Against cancer there are only three weapons: surgery, radiotherapy and in certain cases, hormone therapy. Treatment in suitably equipped and staffed centres is the method of the future. But what will be the value of such centres if patients do not seek expert advice in the early stages of the disease? When the seeds of cancer emigrate from the parent growth and wander to other parts of the body, the outlook for the patient is poor. Cancer research is one of the most important and entrancing chapters of modern science. Cancer is closely related to the organization and the life of the cell. It continues shrouded in mystery. At present we know of no road that leads to the heart of the mystery.

With regard to influenza, we have been fortunate. The incidence was low and the type mild. When we remember the epidemic which raged after the first World War, some of us are inclined to imagine that the same thing will inevitably occur again. It has been stated that because we have been severely rationed, and still are, our resistance is low. Also we are tired mentally and physically. Despite these facts I do not anticipate an epidemic of severe influenza. It is not a fact that a fit man is necessarily less likely to catch influenza than an unfit man. The virulence of the virus is the determining factor. In the 1918-1919 epidemic, young and fit members of the community died while the old and unfit survived. The heaviest mortality fell upon fit young adults.

The Isolation Hospital experienced a fairly quiet year, although several very severe cases of Gravis Diphtheria were admitted. I would point out that isolation per se makes little impression on the incidence of infectious diseases. An Isolation Hospital is a specialist hospital and its main function is the provision of skilled treatment, including serotherapy, chemotherapy and bacteriology. Under present conditions there is no incentive for a good doctor to remain in a small isolation hospital and specialize. A modern isolation hospital should attract first-class men.

Road accidents are not the direct concern of a Public Health Department, but they now affect our mortal statistics. In my view the contention that road accidents are chiefly due to ignorance of driving matters and car manipulation is erroneous. I suggest that in the majority of accident cases it is not ignorance of driving and mechanical matters that cause accidents, but psychological faults which cannot be discovered by the present tests. There are certain people who are by nature particularly susceptible to accidents. They are accident prone. Accident proneness can only be revealed by psychological tests. These tests yield significant correlation co-efficients between the scores made and accident rates. The tests are objective and independent of any personal bias of the examiner. They would enable Local Authorities to eliminate accident prone people from those proposed as drivers of any type of vehicle. They would not eliminate accidents—because many other factors (roads, lighting, and so forth), enter into their causation—but they would reduce their incidence.

This report is planned so that the details of any specific section can be readily found. I hope you will find many of the sections interesting.

I wish to express my thanks to the members of the Health Department for the conscientious manner in which they have carried out their duties during the year.

In conclusion, I have to acknowledge the support, interest and encouragement of the Health Committee throughout the year.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your Obedient Servant,

GEORGE C. F. ROE,

Medical Officer of Health.

Health Department,

Powell Street, Halifax.

SECTION 1



Statistics

REPORT

Statistics

Latitude	53° 44' North.				
Longitude	1° 50' West.				
Mean height above sea level, feet	...	...	...	780	
Area in acres	...	...	...	14,081	
Population (Census 1931)	...	...	...	98,115	
(Males 44,600. Females 53,515).					
Population (Mid year, 1945)	...	...	...	89,390	
Density of population per acre	...	...	...	6·3	
Number of inhabited houses (1931 Census)			...	28,488	
Average number of persons to each occupied house...				3·40	
Rateable Value, 1944-45 (1st April, 1945)...			...	£629,697	
Sum represented by a penny rate, 1944-45			...	£2,522	
(Net Product)					

Summary of Vital Statistics.

Birthrate per 1,000 population	...	...	...	16·39
Deathrate per 1,000 population	...	...	...	16·1
Infantile deathrate per 1,000 births	...	...	...	42
Respiratory deathrate	...	...	...	1·6
Phthisis deathrate	...	...	...	·48
Deathrate from other forms of Tuberculosis			...	·11
Tuberculosis deathrate (all forms)	...	...	...	·59
Deathrate from Cancer	...	...	...	2·5

Summary of Deaths.

(Based on the Registrar General's "Short List" of causes of death).

Cause of Death					Number
Enteric Fever	...	...	...	...	—
Smallpox	..	...	...	...	—
Measles	...	...	...	...	1
Scarlet Fever	...	...	...	...	—
Whooping Cough	...	...	...	...	2
Diphtheria	...	...	...	...	5
Influenza	...	...	...	...	8
Encephalitis Lethargica	...	...	...	...	—
Cerebro Spinal Fever	...	...	...	...	—
Tuberculosis of respiratory system	...	...	...	...	43
Other Tuberculous Diseases	...	...	...	...	10
Cancer, Malignant Disease	..	...	...	...	219
Diabetes	...	...	...	...	15
Cerebral Hæmorrhage, etc.	...	...	...	...	237
Heart Disease	...	...	...	...	398
Other Circulatory Diseases	...	...	...	...	56
Bronchitis	...	...	...	...	84
Pneumonia (all forms)	...	...	...	...	43
Other Respiratory Diseases	...	...	...	...	16
Ulcer of Stomach or Duodenum	...	...	...	...	15
Diarrhœa, etc. (under 2 years)	...	...	...	...	5
Appendicitis...	...	...	...	...	7
Other Digestive Diseases	...	...	...	...	22
Acute and Chronic Nephritis	..	...	...	...	51
Puerperal Sepsis	...	...	...	...	1
Other Maternal Causes	...	...	...	..	2
Congenital Debility and Malformation, Premature Birth	...	...	...	...	38
Suicide	...	...	...	...	14
Other deaths from violence	...	...	...	...	35
Other defined Diseases	...	...	...	...	114
Total					1,441

	Year	Birthrate per 1,000 Total Population	Annual Deathrate per 1,000 Population								Rate per 1,000 Births	
			ALL CAUSES	Enteric Fever	Small-Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Diarrhoea and Enteritis (under two years)	TOTAL DEATHS under one year
England and Wales ...	1945	16.1	11.4	0.00	0.00	0.02	0.00	0.02	0.02	0.08	5.6	46
126 County Boroughs and Great Towns including London ...	1945	19.1	13.5	0.00	0.00	0.02	0.00	0.02	0.02	0.07	7.8	54
HALIFAX ...	1937	12.8	14.6	0.00	0.00	0.01	0.00	0.02	0.05	0.49	0.8	63
	1938	13.4	14.1	0.00	0.00	0.02	0.00	0.00	0.06	0.05	2.1	57
	1939	13.8	15.3	0.00	0.00	0.01	0.02	0.03	0.05	0.17	1.4	60
	1940	13.0	15.6	0.01	0.00	0.00	0.00	0.02	0.15	0.23	4.0	45
	1941	13.3	15.7	0.00	0.00	0.04	0.00	0.03	0.12	0.10	21.3	65
	1942	15.8	14.6	0.00	0.00	0.03	0.00	0.00	0.05	0.05	6.9	56
	1943	17.1	15.4	0.00	0.00	0.00	0.00	0.04	0.04	0.31	5.2	50
	1944	18.6	14.5	0.00	0.00	0.01	0.00	0.03	0.04	0.03	3.5	38
	1945	16.39	16.1	0.00	0.00	0.01	0.00	0.02	0.05	0.09	3.4	42

Provisional figures. The rates have been calculated on a population estimated to the middle of 1931. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the group of towns.

Vital and Mortal Statistics for Halifax during the last 21 years.

Year	Death-rate	Infant Mortality Rate	Maternal Mortality Rate	Tuberculosis (all forms)		Diphtheria		Scarlet Fever		Typhoid and Para-typoid		Cerebro Spinal Fever		Smallpox	
				New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths
1925	15.9	93	5.6	164	117	74	10	276	2	4	4	1	1	nil	nil
1926	13.5	79	5.7	135	69	80	9	102	1	3	1	1	nil	nil	nil
1927	15.4	90	7.4	194	96	83	8	192	2	5	nil	nil	nil	12	nil
1928	12.3	67	10.2	150	67	224	16	386	2	8	2	1	nil	221	nil
1929	14.7	76	6.8	183	82	146	9	431	3	73	1	nil	nil	156	1
1930	14.3	66	9.2	169	79	100	7	274	1	9	1	1	nil	56	nil
1931	14.9	77	3.2	198	70	165	17	163	3	4	2	nil	nil	nil	nil
1932	14.8	80	8.7	158	71	162	10	182	1	1	1	2	2	nil	nil
1933	15.4	92	9.4	161	71	173	13	256	2	nil	nil	3	3	nil	nil
1934	13.9	77	10.5	132	60	344	20	337	2	nil	nil	1	1	nil	nil
1935	14.6	70	6.4	158	55	322	16	227	2	nil	nil	1	1	nil	nil
1936	15.2	68	7.02	206	75	206	12	136	nil	3	nil	2	2	nil	nil
1937	14.3	63	2.39	135	38	164	5	162	nil	1	nil	5	5	nil	nil
1938	14.1	57	2.92	165	55	155	6	145	nil	nil	nil	3	1	nil	nil
1939	15.3	60	4.4	135	65	129	5	184	2	nil	nil	nil	nil	nil	nil
1940	15.6	45	8.8	118	51	311	15	166	nil	3	1	31	9	nil	nil
1941	15.7	65	1.5	111	60	230	12	97	nil	nil	nil	16	3	nil	nil
1942	14.6	56	3.4	113	65	196	5	669	nil	1	nil	9	4	nil	nil
1943	15.4	50	1.9	123	68	127	4	411	nil	2	nil	2	2	nil	nil
1944	14.5	38	2.3	156	54	118	4	481	nil	nil	nil	nil	nil	nil	nil
1945	16.1	42	2.0	110	53	92	5	173	nil	nil	nil	nil	nil	nil	nil

Vital and Mortal Statistics for Halifax during the last 21 years (continued).

Year	Pneumonia		Whooping Cough		Poliomyelitis		Cancer Deaths	Heart Diseases Deaths	Cerebral Hæmorrhage Deaths
	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths			
1925	53	41	nil	11	nil	nil	168	183	75
1926	64	53	nil	10	nil	nil	161	202	109
1927	105	70	nil	6	1	1	158	254	125
1928	66	32	nil	nil	nil	nil	172	216	92
1929	87	38	nil	14	6	nil	170	308	100
1930	121	61	nil	2	nil	nil	170	308	114
1931	124	109	nil	4	1	nil	191	327	95
1932	105	82	nil	8	2	nil	176	342	85
1933	105	87	nil	3	4	nil	158	418	87
1934	80	66	nil	2	1	nil	180	381	74
1935	117	69	nil	1	1	nil	194	406	67
1936	91	74	nil	4	1	nil	193	448	74
1937	115	77	nil	2	nil	nil	178	424	73
1938	164	58	nil	nil	1	nil	186	419	77
1939	182	59	2	2	2	nil	193	449	89
1940	156	57	185	2	2	nil	187	408	232
1941	188	66	240	3	nil	nil	235	381	179
1942	226	61	174	nil	5	nil	216	374	164
1943	236	55	211	4	2	nil	205	374	179
1944	124	38	201	3	nil	nil	177	366	199
1945	103	43	133	2	nil	nil	219	398	237

Table showing comparative yearly Vital and Mortal Statistics from 1938 to 1945 inclusive.

Year	Birth-rate	Death-rate	Infant Mortality Rate	Maternal Mortality Rate	Pulmonary Tuberculosis		Venereal Diseases		Pneumonia	
					New Cases	Death-rate	Syphilis	Gonorrhœa	New Cases	Deaths
1938	13.4	14.1	57	3.0	88	.45	40	95	164	58
1939	13.8	15.3	60	4.4	83	.58	35	89	182	59
1940	13.0	15.6	45	8.8	106	.44	45	96	156	57
1941	13.3	15.7	65	1.5	102	.58	33	66	188	66
1942	15.8	14.6	56	3.4	98	.53	34	40	226	61
1943	17.1	15.4	50	1.9	101	.13	49	56	236	55
1944	18.6	14.5	38	2.3	90	.48	45	49	124	38
1945	16.39	16.1	42	3.0	90	.48	50	67	103	43

Year	Deaths from Heart Disease	Deaths from Cancer	Deaths from Cerebral Hæmorrhage	Deaths from Diabetes	Diphtheria		Scarlet Fever	
					New Cases	Deaths	New Cases	Deaths
1938	419	186	77	28	155	6	145	nil
1939	449	193	89	26	129	5	184	2
1940	408	187	232	8	311	15	166	nil
1941	381	235	179	17	230	12	97	nil
1942	374	216	164	19	196	5	669	nil
1943	373	205	179	20	127	4	411	nil
1944	366	177	199	19	118	4	481	nil
1945	398	219	237	15	92	5	173	nil

Notification.

The following Table shows the number of notifications of infectious disease received during the year :—

Disease					Number
Smallpox	...	...	...	...	—
Dysentery	...	...	...	...	—
Typhoid Fever and Enteric Fever				...	—
Para-Typhoid	...	...	...	...	—
Scarlet Fever	...	...	...	...	173
Malaria	...	...	...	...	—
Diphtheria	...	...	...	...	92
Puerperal Pyrexia		...	...	...	11
Erysipelas	...	...	...	...	24
Ophthalmia Neonatorum			...	...	2
Encephalitis Lethargica			...	...	—
Acute Polioencephalitis			...	...	—
Acute Poliomyelitis		...	...	...	—
Cerebro-spinal Fever		...	...	...	—
Measles	...	...	...	...	803
Whooping Cough		...	...	...	133
Pneumonia—					
Influenzal	...	...	...	...	1
Primary	...	...	...	...	102
Tuberculosis—					
Respiratory	...	...	...	...	90
Other Forms		...	...	...	20
Total					1,451

N.B.—Including Non-Civilians.

Fatal Street and Road Accidents.

There were 9 fatal accidents.

The following Table gives their age and sex distribution :

Years ...	0-10	11-20	21-30	31-40	41-50	51-60	61-70	over 70
Males ...	1	1	—	—	1	—	1	1
Females...	2	—	1	—	1	—	—	—

SECTION 2



Cancer

Cancer

The rising incidence, appalling death-rate and lack of a cure or preventive in respect of Cancer, demands our constant and serious attention. Our ignorance of the fundamental cause is still unrelieved.

We know that in a small number of cases the inciting cause is the repeated application of a carcinogenic agent contained in soot, tar, oil or other substance, but the fundamental cause or causes of cancer continue to elude us.

Certain theories deserve careful consideration and among them is the one which stresses the influence of heredity. In certain animals heredity plays an important part in rendering some individuals more susceptible to cancer than others. Such a heredity factor may occur in human beings.

The high prevalence of cancer in some families may, however, be due to the undoubtedly inherited tendency to live to old age.

There is no evidence that cancer is an infectious disease and the disinfection of a room occupied by a cancer patient has no scientific basis.

Prevention and treatment so far as our present knowledge goes includes early diagnosis and prompt treatment by surgery, X-Rays or Radium. The difficulty is to ensure early treatment. This would be facilitated if the public were informed of the early signs of cancer and if every person over the age of forty submitted himself to periodical expert medical examination.

Research is gradually reducing the probability of dying from a number of diseases. The day may yet come when cancer will be on this list.

Cancer of Colon.

- (1) About 70% of all surgical lesions of the colon are malignant.
- (2) Cancer is rare in the small gut.
- (3) The incidence of the various parts of the large gut are approximately :—

(a) Ascending part	...	38%
(b) Transverse part	...	11%
(c) Descending part	...	18%
(d) Pelvic part	...	33%

The reaction in the small gut is alkaline.

The reaction in the colon and stomach (where cancer is common) is acid.

Cancer of Stomach.

The stomach is one of the organs most frequently attacked by cancer. In males it is the most frequent site and in females it ranks third after the breasts and organs of reproduction. If any advance is to be made in the treatment of cancer of the stomach, it is essential that diagnosis should be reached in the early stages whilst the growth is still operable. The following are important early symptoms and signs :—

- (1) Gradual loss of appetite.
- (2) Easily fatigued and lack of feeling of well-being.
- (3) Abdominal discomfort.
- (4) Nausea. Common early in morning before food.
- (5) Change in bowel habits.
- (6) Pallor—or lemon tint.
- (7) Loss of weight.

A Radium Clinic, in charge of Dr. F. E. Chester-Williams, has now been established at the Royal Halifax Infirmary, towards the cost of which the Health Committee of the Halifax Corporation pay the sum of £50 per annum. Patients from Halifax are now admitted through this clinic for radium treatment at the Royal Infirmary, Bradford.

Table showing Deaths at Age Periods during the year :—

Age Period	Males	Females	Total
Under 45	3	7	10
45—65	34	55	89
65 and over... ..	60	60	120
	97	122	219

Death-rate per 1,000 population during the past 10 years :

Year	Deathrate	Year	Deathrate
1936	1·8	1941	2·5
1937	1·8	1942	2·3
1938	1·9	1943	2·2
1939	1·9	1944	1·9
1940	1·9	1945	2·5

The following Table shows the Death-rate from Cancer in Halifax from the year 1896 :—

Year.	Death-rate per 1,000 population.		Year.	Death-rate per 1,000 population.
1896	1.1		1921	1.4
1897	.6		1922	1.4
1898	.6		1923	1.4
1899	.7		1924	1.5
1900	.7		1925	1.6
1901	.8		1926	1.6
1902	.8		1927	1.6
1903	1.0		1928	1.7
1904	.8		1929	1.7
1905	1.0		1930	1.7
1906	.9		1931	1.9
1907	1.1		1932	1.8
1908	1.0		1933	1.6
1909	.8		1934	1.8
1910	1.0		1935	1.9
1911	1.1		1936	1.9
1912	1.1		1937	1.8
1913	1.4		1938	1.9
1914	1.3		1939	1.9
1915	1.2		1940	1.9
1916	1.2		1941	2.5
1917	1.5		1942	2.3
1918	1.3		1943	2.2
1919	1.5		1944	1.9
1920	.8		1945	2.5

SECTION 3



**Maternity
and Child Welfare**

Maternity and Child Welfare

I am indebted to Miss E. R. Oram, Senior Health Visitor, for the following report :—

Midwives.

Number of Midwives practising in the Borough during the year (including Midwives working in Institutions)	26
Number of Independent Midwives	4
Number holding the Central Midwives' Board Certificates	26
Number of cases in which medical aid was summoned by the Midwives	87
Medical Aid Notices sent on behalf of child	19

Of these 5 Unsatisfactory condition of child.

- 4 Discharging eyes.
- 3 Prematurity.
- 1 Hæmorrhage from cord.
- 1 Feebleness and distressed condition.
- 1 Unsatisfactory breathing.
- 1 Cold interfering with feeding.
- 1 Tongue-tie.
- 2 Maleana.

Notifications received in accordance with C.M.B. Rules from Midwives.

Intention to resort to artificial feeding	25
Notification of death of infant	3
Liable to be a source of infection	1
Luddenden—Number of cases in the Borough of Halifax	4

The Work of the Kirby Leas Nurses.

Number of Bookings	274
Number of Confinements completed :—	
(a) as Midwife	256
(b) as Maternity Nurse	15
Number of cases sent to Hospital... ..	12

Ante-Natal Clinics—

Number of Sessions (including Doctor and Midwives)	146
First attendances	258
Repeat attendances	829
Total number of attendances	1087
Average attendance at each Session	7
Domiciliary visits	1853

Post-Natal Clinics—

Number of Sessions	36
Number of attendances	64
Domiciliary visits	562

Number of Maternal Deaths—

On the District	—
After admission to Hospital	—

Notification of Births Act 1907.

Number of births notified (including births transferred to other districts)	2349
Number of births registered	2416
Number of stillbirths	30
Number of notified births attended by Doctors with and without Midwives...	63
Number of notified births attended by Midwives only	254
Number of births notified from the Royal Halifax Infirmary	525
Number of births notified from the Halifax General Hospital	1464
Number of births notified from Nursing Homes	55
Number of births transferred to other districts	953

Infant Welfare Centres.

Northgate—

Number of Sessions	137
Number of new cases	640
Number of repeat visits	6460
Average attendance per Session	51.8
Percentage seen by the Doctor at each Session	50

Queen's Road—

Number of Sessions	86
Number of new cases	475
Number of repeat visits	8024
Average attendance per Session	98.8
Percentage seen by the Doctor at each Session	24

Ovenden—

Number of Sessions	...	...	...	...	42
Number of new cases	...	...	...	...	175
Number of repeat visits	...	...	...	...	2235
Average attendance per Session	...	...	...	...	52
Percentage seen by the Doctor at each Session	...	...	...	...	44

Ante-Natal Clinic.

Number of Sessions	...	...	...	...	25
Number of new cases	...	...	...	...	36
Number of repeat visits	...	...	...	...	83
Average attendance per Session	...	...	...	...	4

Number of children attending the Clinics—

Under 1 year	...	...	...	...	1153
Over 1 year	...	...	...	...	3614

N.B.—This figure shows that 80% of the babies born in Halifax during 1945 have been through the Clinics.

Diphtheria Immunisation Clinic.

This Clinic is held each Friday at 10 o'clock.

Number of cases treated	...	...	...	...	897
Number of cases treated elsewhere	...	...	...	...	6
Number of Post-Schick Tests	...	...	...	...	505

The Work of the Health Visitors.

Visits to expectant mothers—

First visits	...	...	...	...	66
Repeat visits	...	...	...	...	129

Infants under 1 year—

First visits	...	...	...	...	1495
Repeat visits	...	...	...	...	3847
Children 1 to 2 years	...	...	...	...	2074
Children 2 to 5 years	...	...	...	...	5384
Ophthalmia Neonatorum	...	...	...	...	2
Puerperal Fever and Pyrexia	...	...	...	...	2
Miscellaneous	...	...	...	...	96

One Health Visitor has attended the Venereal Diseases Clinic each week throughout the year, and has paid 16 visits in connection with this work.

Infant Mortality.

Of the 58 deaths of infants under 1 year, 32 were boys and 26 were girls.

Of these 35 deaths occurred during the first month.

Of the 35 Neo-Natal deaths 31 died within one week, and of these 15 died within 24 hours.

Maternal Deaths.

There were 3 maternal deaths, 2 of which were criminal abortion.

Of these 2 abortions, one died from Sepsis and the other from shock.

The remaining death was unavoidable.

The following Table serves to show the fluctuations in this rate during recent years :—

	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945
Sepsis ...	2	—	2	3	1	1	3	1	1	1
Other causes	7	3	2	3	10	1	2	2	3	2
Per 1,000 live births	7·5	2·3	3·0	4·4	8·8	1·5	3·4	1·9	2·3	2·0

It is encouraging to note the substantial decline in this rate.

Home Helps.

The scheme was re-commenced as from 1st March, 1945, and operated for the Halifax Corporation by the Halifax District Nursing Association.

Maternity Homes.

There are two registered Maternity Homes in Halifax and these have been inspected by the Medical Officer in charge Maternity and Child Welfare.

Artificial Sunlight.

Number of Sessions	...	...	...	...	156
Number of cases treated	...	...	...	...	270
Number of attendances	...	...	...	...	4991
Number of attendances of non-tuberculous children of school age	...	...	...	...	1126

Number of attendances of non-tuberculous children				
under school age	...	...	...	3859
Number of attendances of tuberculous children	...			6
Average attendance at each Session	...	...		32

Staff Changes.

Dr. A. M. M. Parker left at the end of July and her place was filled by Dr. E. J. Simpson in December.

From July to December, Dr. R. Woodcock acted as locum tenens.

Miss D. Barnes commenced duty as Health Visitor in February: she filled the vacancy caused by the resignation of Miss Dyson in 1944.

Mrs. M. Beedsworth was released from war work and commenced duties as clerk in December.

Mrs. Malton, who had been acting as temporary clerk, left in December.

Use made of our Clinics by expectant mothers.

About 80% of expectant mothers in Halifax make use of our clinics.

SECTION 4



Scabies

Scabies.

The incidence of scabies continued to decline during the period under review. I am of the opinion that one treatment with benzyl benzoate—properly carried out—will cure over 96% of cases, and that the remaining 4% can be cured by one or two additional treatments. Controversy rages around the question of the necessity for the disinfection of clothing and bedding. Some authorities maintain that formites play no part in the spread of scabies. Other authorities differ from this contention. We cannot say that scabies is never spread through the medium of formites, and until the problem is solved, we are inclined to adopt measures, the validity of which is problematical.

SECTION 5



Public Health Lectures

Public Health Education.

Lectures given in 1945.

<i>Lecture</i>	<i>Lecturer</i>	<i>Month Delivered</i>	<i>Notes</i>
Cancer	Dr. G. C. F. Roe	January	Illustrated
Venereal Diseases	Dr. G. C. F. Roe	January	Illustrated
Tuberculosis	Dr. G. C. F. Roe	January	
The Public Health Services	Dr. G. C. F. Roe	February	
Psychology and Health	Dr. G. C. F. Roe	February	
Cancer	Dr. G. C. F. Roe	March	Illustrated
Infectious Diseases	Dr. G. C. F. Roe	March	
Diphtheria Prophylaxis	Dr. G. C. F. Roe	April	
Venereal Diseases	Dr. G. C. F. Roe	April	Illustrated
Microbes	Dr. G. C. F. Roe	May	Illustrated
Personal Hygiene	Dr. G. C. F. Roe	May	
Vital Statistics	Dr. G. C. F. Roe	June	Illustrated
Mental Deficiency	Dr. G. C. F. Roe	June	Illustrated
Diphtheria Prophylaxis	Dr. G. C. F. Roe	July	
Venereal Diseases	Dr. G. C. F. Roe	September	Illustrated
Mental Deficiency	Dr. G. C. F. Roe	October	Illustrated
The Functions of a Fever Hospital	Dr. G. C. F. Roe	October	
Sex and Sense	Dr. G. C. F. Roe	November	
Rehabilitation	Dr. G. C. F. Roe	November	
Heredity	Dr. G. C. F. Roe	November	
Infectious Disease Control	Dr. G. C. F. Roe	December	
Cancer	Dr. G. C. F. Roe	December	Illustrated
The Benefits of Preventive Medicine	Dr. G. C. F. Roe	December	

SECTION 6



Public Health Act, 1936

**General Provision of
Health Services**

Public Health Act, 1936.

Child Life Protection.

It is the duty of the Local Authority to appoint Infant Protection Visitors to visit from time to time, to satisfy themselves as to the proper nursing and maintenance of such infants, or to give necessary advice or directions thereon.

The following is a summary of the work carried out during the year :—

(a) Number of foster parents on the Register at the end of the year	...	...	...	...	8
(b) Number of children on the Register :—					
(1) At the end of the year	...	...	...	...	10
(2) Who died during the year	...	...	...	...	—
(3) On whom inquests were held during the year					—
(c) Number of Visitors at the end of the year who were :—					
(1) Health Visitors	...	...	...	...	5
(2) Female, other than Health Visitors				...	1
(3) Male	...	...	...	...	—
(d) Number of persons or societies authorised to visit under the proviso to Section 2 (2) of the Act of 1908	...	...	...	...	—
(e) Number of cases (if any) in which proceedings were taken during the year	...	...	...	...	—
(f) Number of cases in which the Local Authority has given a sanction during the year :—					
(1) Under (a) of Section 3 of the Act of 1908					—
(2) Under (b) of Section 3 of the Act of 1908					—
(3) Under (c) of Section 3 of the Act of 1908					—
(g) Number of Orders obtained during the year under Section 67 of the Act of 1932 :—					
(1) From a Court of Summary Jurisdiction	...				—
(2) From a single Justice	...	...	...	...	—

My thanks are due to Mr. Butler, the local Inspector of the National Society for the Prevention of Cruelty to Children, for his courteous and valued co-operation during the past year.

General Provision of Health Services

(Arranged as required by the Ministry of Health)

Hospitals provided or subsidised by the Halifax Corporation :

Tuberculosis—The Sanatorium at Shelf, near Halifax, provides accommodation for 50 adults (25 early and 25 other cases) and for 12 children. It is provided by the Halifax Corporation and receives cases from other districts, including Lancashire County.

The Health Committee has a call on 5 beds at the Bermer-side Residential School for children in the pre-tubercular stage, or children suffering from non-pulmonary tuberculosis of a non-infectious character.

Maternity Hospital—Maternity cases are provided at the Halifax General Hospital and the Royal Halifax Infirmary. There is an increasing demand for Maternity Hospital beds and some extension of maternity accommodation at the Halifax General Hospital is a priority need which will have to be dealt with as soon as circumstances permit. The Corporation makes a grant of £300 per annum towards the Infirmary Maternity Home.

Hospital for Children—By arrangement with the Education Committee operations for Tonsils and Adenoids are carried out at the Halifax General Hospital.

There is a ward at the Halifax General Hospital for the treatment of sick or crippled children sent there by the Maternity and Child Welfare Committee, also an arrangement by that Committee with the Royal Halifax Infirmary for the treatment of cases of Ophthalmia Neonatorum.

An Orthopædic Service has been set up at the Halifax General Hospital for the treatment of cases sent by the Maternity and Child Welfare and Education Committees.

Fever Hospital—The Corporation provides the Isolation Hospital which admits cases of Scarlet Fever, Diphtheria, Enteric and other fevers from Halifax, and from the areas of neighbouring local authorities. Accommodation for 96 cases.

Smallpox—The Corporation maintains the Smallpox Hospital at Belle Vue, Mount Tabor, which has accommodation for 26 patients. This hospital is subsidised by the Brighouse Joint Hospital Board and the Sowerby Bridge Urban District Council.

Venereal Diseases—The Corporation has an arrangement with the Royal Halifax Infirmary for both out-patient and in-patient treatment.

Hospital Facilities.

Hospital and Situation	Purpose	Total Beds	Authority	Medical Staff	Consultants
Isolation Hospital, Northowram Hall	Fevers	96	Halifax Health Committee	1 Res. Medical Officer	As required
Halifax Sanatorium, Shelf	Tuberculosis	62	Do	1 Res. Medical Officer The Sen. Asst. M.O.H. and Tuberculosis Officer	As required
The Halifax General Hospital	General Surgical Medical Children and Maternity	450	Do	1 Medical Superintendent (Resident) 1 Dep. Medical Superintendent (Resident) 5 Resident Assistant Medical Officers	1 Pathologist & Bacteriologist 2 Physicians 8 Surgeons 1 Anaethetist 1 Radiologist 1 Paedatrician 1 Psychiatrist 1 Dermatologist 1 Director of Radium Treat,
Smallpox Hospital, Mount Tabor	Smallpox	26	Do	M.O.H. or Asst. M.O.H. (Non Resident)	As required

General Nursing—Under the Local Government Act 1929, the Halifax General Hospital was, on April 1st, 1931, transferred to the Local Authority and is administered by the Health Committee as a General Hospital.

AMBULANCE FACILITIES.

(a) For Infectious Cases—

Two "Austin" 18 H.P. Ambulances, worked from the Isolation Hospital, Northowram Hall, serves Halifax and the other districts from which cases are admitted to the Hospital.

(b) For non-Infectious and Accident Cases—
(From 1st November, 1944)—

(1) The Corporation's Motor Ambulance Service, worked by the Halifax General Hospital (Tel. 5816).

1 "Humber" 25 H.P., 2 "Austin" 20 H.P., and 1 "Austin" 18 H.P.

(2) The Ambulance Service of the St. John Ambulance Brigade and British Red Cross Society. ("Austin" 20 H.P.).

Transport Officer—Mr. L. Chambers (Tel. 3831).

Nursing in the Home—This is provided by :—

Halifax District Nursing Association.

Illingworth Nursing Association.

Luddenden Nursing Association.

Diphtheria Immunisation.

Immunisation is carried out at the Maternity and Child Welfare Clinic, the School Clinic and by general practitioners in the town. Immunising material is supplied free to Halifax doctors. The incidence of young people immunised has increased, but there is still plenty of room for improvement in this direction. It is very important that all pre-school children should be immunised against Diphtheria.

Bacteriological Examinations.

The arrangements are as follows:—

Bacteriological examinations are carried out at the Royal Halifax Infirmary, where swabs, etc., may be sent direct.

Tuberculosis.

Sputum and other material is examined only at the Tuberculosis Clinic, 8, Clare Road, Halifax, and should not be sent to the Royal Halifax Infirmary. Sputum must be sent in special outfits which will be supplied on the application of the practitioner.

Examinations.

The following Table shows the number of examinations carried out either at the Royal Halifax Infirmary, or the Tuberculosis Clinic, during the year, for the medical practitioners of the town, the Clinic, the Isolation Hospital, or the Health Department :—

Sputum for Tubercle	...	...	...	352
Diphtheria Swabs	...	...	...	331
Agglutination Test, Widal and Fæces	...	...	...	12
Others (Fluids, etc.)	...	...	...	18
Total				713

In addition to the above, routine samples of milk for bacteriological and biological examination are submitted to other laboratories.

CLINICS.

(Excluding School Clinics which appear in the Annual Report of the School Medical Service).

Name of Clinic	Purpose	Where held	Times	
			Days	Hours
Tuberculosis Dispensary Maternity and Child Welfare	Tuberculosis	8, Clare Road	Monday	2 p.m. to 4 p.m.
	Ultra Violet Light and Massage	66, 68, Northgate	Thursday	Morning
	Babies	Do	Monday	Afternoon
	Children under 5	Queen's Road	Do	Morning & Afternoon
	Babies	66, 68, Northgate	Tuesday	Do
	Babies	Ovenden	Wednesday	Morning
	Ultra Violet Light and Massage	66, 68, Northgate	Do	Do
	Ante and Post-Natal Babies	Do	Thursday	Afternoon
	Ultra Violet Light and Massage	Do	All day	Morning
	Ante-Natal	Do	Evening	
*Halifax District Nursing Association	Ante-Natal	Kirby Leas, Savile, Road	First and Third Thursdays in each month	Morning & Afternoon 2-30 p.m. to 5 p.m.
	Ante-Natal Psychiatric	The Halifax General Hospital	Tuesday Friday	Afternoon & Evening Afternoon
*Royal Halifax Infirmary	Ante-Natal Venereal Diseases	Royal Halifax Infirmary	Wednesday Thursday Tuesdays (Women and Children) Thursdays (Men) Auxiliary Centre for Men : Daily	3-30 p.m. to 4-30 p.m. and 6 p.m. to 8 p.m. 6 p.m. to 8 p.m.
			Sunday	10 a.m. to 12 noon and 6 p.m. to 8 p.m. 10 a.m. to 12 noon

*Subsidised by the Corporation.

SECTION 7



Vaccination

Vaccination Order 1930

incorporating

The Vaccination Acts 1867-1898 and the Vaccination Act 1907.

The Borough has been divided into 7 Vaccination Districts, and the following Table shows the constitution of the districts, together with the names and addresses of the Public Vaccinators :—

District.	Public Vaccinator.
No. 1. Copley Ward.	Dr. H. W. Morck, Orrell House, Sowerby Bridge.
No. 2. Central, Pellon, Southowram, East, South, Kingston, West and Skircoat Wards.	Dr. P. Milnes, Arden Lodge, Halifax.
No. 3. North and Akroydon Wards.	Dr. A. Garvie, Woodlands House, Halifax.
No. 4. Illingworth and Ovenden Wards.	Dr. J. Morrison, Oak Leigh, Halifax.
No. 5. Northowram Ward.	Dr. J. J. Murphy, 50, West End, Queensbury.
No. 6. Warley Ward.	Dr. C. S. Ogilvy, Wood Bank, Luddenden Foot.
No. 7. The Halifax General Hospital and Halifax Welfare Home.	Dr. R. Davidson, Woodgate, King Cross, Halifax.

Stated quite briefly, the Acts make it obligatory—unless a Statutory Declaration of conscientious objection is made—upon all parents to have their infants vaccinated before they attain the age of six months.

The following figures are extracted from the Return which was prepared for the Registrar General :—

Number of births returned in the “Birth List Sheets”
as registered from 1st January to 31st December,
1944 2763

Number of these births duly entered by 31st January, 1946, in columns 1, 2, 4 and 5 of the Vaccination Register, viz. :—

Successfully vaccinated	...	...	...	...	513
Insusceptible of vaccination	...	...	...	...	2
Had Smallpox	...	...	...	...	—
Number in respect of whom declarations of conscientious objection have been received...	...	...	...	...	1744
Died unvaccinated	...	...	...	...	114

Number of these births which on 31st January, 1946, remained unentered in the Vaccination Register on account of :—

Postponement by Medical Certificate	...	...	...	...	11
Removal to other districts (Vaccination Officers duly appraised)	...	...	...	...	247
Removal to places unknown, or which cannot be reached, or unfound	...	...	...	...	60

Number of these births remaining on 31st January, 1946, neither duly entered in the Vaccination Register nor temporarily accounted for in the Report Book ... 72

Total number of Certificates of successful Primary Vaccination of children under 14 received during the Calendar Year 1945 ... 428

Number of Statutory Declarations of conscientious objection, irrespective of the dates of birth of the children to which they relate, during the Calendar Year 1945 ... 1554

Number of children successfully vaccinated after declaration of conscientious objection had been made ... 1

Number of Certificates of successful primary vaccination of children under 14 sent to other vaccination officers... 17

SECTION 8



Tuberculosis

Tuberculosis

In a recent Tuberculosis enquiry it was found that the most important factor in the spread of pulmonary tuberculosis was contact. Urban districts show a higher incidence than rural. There was no difference in incidence as between the two sexes. Economic factors appeared to have little influence on the incidence. The age group 20 to 25 was the worst for female mortality. The age group 50 to 55 was the worst for male mortality. Other factors being equal, the incidence was higher among diabetics than non-diabetics. Tuberculosis is often protean in its manifestations, insidious in its onset, and it steals upon its victim like a thief in the night.

The following Table shows the number of formal notifications received during the year classified for age, sex, and localisation of the disease.

FORMAL NOTIFICATIONS.												
AGE PERIODS	Number of Primary Notifications of new cases of Tuberculosis											
	0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	TOTAL (all ages)
	Total Notifications											
Pulmonary Males ...	—	—	3	1	2	1	1	7	7	3	2	27
“ Females ...	—	2	3	1	3	6	9	5	1	—	1	31
Non-Pulmonary Males	—	—	1	—	1	—	—	—	2	—	—	4
“ Females	—	1	3	3	2	—	1	—	1	—	1	12

In the following Tables, new cases coming to the knowledge of the Medical Officer of Health otherwise than by formal notification, together with the sources of such information are set out.

AGE PERIODS	0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	TOTAL
	Pulmonary Males ...	Females ...	Non-Pulmonary Males	“ Females	“	“	“	“	“	“	“	“
Pulmonary Males ...	—	—	—	—	—	—	—	—	—	1	—	1
“ Females ...	—	—	—	—	1	—	—	—	—	—	—	1
Non-Pulmonary Males	—	1	—	1	1	—	—	—	1	—	—	4
“ Females	—	—	—	—	—	—	—	—	—	—	—	—

SOURCE OF INFORMATION.				No. of Cases.	
				Pulmonary	Non-Pulmonary
Death Returns { from local Registrars	...	...	...	1	2
transferable deaths from Registrar General	...	...	...	1	1
Posthumous notifications	...	...	...	—	—
“Transfers” from other areas (other than transferable deaths)	...	...	...	—	1
Other Sources ...	...	...	...	—	—

There has been no serious increase in the incidence of Tuberculosis during the war years. The figures of new cases of Pulmonary Tuberculosis for Halifax since 1940, are as follows :—

1940	1941	1942	1943	1944	1945
120	110	98	106	90	90

The Health Committee in July, 1943, decided to put the new Tuberculosis Allowances Scheme into operation. It is at present too early to comment upon the effect of the scheme on the incidence of Tuberculosis. Miniature radiography has not yet come into force in this area.

TUBERCULOSIS DEATH-RATE.						
PERIOD				Respiratory only	All Forms	
10 years average 1935-44 ...				·50	·67	
1945	...	...	...	·48	·59	

The following Table shows the number of notified cases of Tuberculosis remaining in the Borough on December 31st, 1945 :—

Total Cases	Pulmonary			Non-Pulmonary		
	Males	Females	Total	Males	Females	Total
589	260	247	507	43	39	82

SECTION 9**Inspection and Supervision
of Food**

Inspection & Supervision of Food

I am indebted to Mr. J. Flanagan for the following Report :
Meat Inspection.

The abattoir is a supply centre for Halifax Borough, Sowerby Bridge, Hebden Bridge, Ripponden, Queensbury and Shelf and Todmorden. Since January, 1940, the slaughter of food animals has been under Ministry of Food Control at the abattoir.

The following Table shows the number of visits paid to the slaughterhouses, butchers' shops, markets, etc. :—

Description of Premises	Number of Visits
Public Slaughterhouses	603
Borough Market	279
Wholesale Market	280
Lairages	54
Potted Meat Houses	10
Tripe Boiling Houses	52
Butchers' Shops	167
Other Visits	331
Total	1,776

The following Table shows the number of animals slaughtered during the year and the number condemned :—

	Cattle.	Calves.	Sheep and Lambs.	Pigs.	Total.
Number of Animals slaughtered at the public slaughter-house	7328	2183	19657	882	30050
Do. condemned...	163	6	12	36	217

The following Table shows the total approximate weight of meat and offals destroyed on account of tuberculosis, and from other causes :—

Total Amount of Meat Destroyed	lbs. 79,031
Total Amount of Offals Destroyed	89,406
Total Amount of Meat Destroyed on account of Tuberculosis	69,826
Total Amount of Offals Destroyed on account of Tuberculosis	52,824
Total Amount of Meat Destroyed from other causes	9,205
Total Amount of Offals Destroyed from other causes	36,582
Total Meat and Offals Destroyed ...	168,437

Kinds of Food Condemned					Quantity in Lbs.
163 Carcases of Beef	...	...	...		69,764
Beef not in Carcase	...	...	...		4,821
6 Carcases of Veal	...	...	...		231
Veal not in Carcase	...	...	...		47
12 Carcases of Mutton	...	...	...		264
Mutton not in Carcase	...	...	...		3
36 Carcases of Pork	...	...	...		3,098
Pork not in Carcase	...	...	...		803
Offals	...	...	...		89,406
Rabbits	...	...	...		240
Fish	...	...	...		11,056
Fruit and Vegetables	...	...	...		16,949
Canned Provisions	...	...	...		8,269
*Biscuits	...	...	...		15,335
Fowls	...	...	...		6
Ham	...	...	...		14
*Sugar	...	...	...		139
Toffee	...	...	...		4
Meat Pies	...	...	...		122
Fish Cakes	...	...	...		282
Puddings	...	...	...		64
Preserves	...	...	...		28
Prunes	...	...	...		12
Dates	...	...	...		35
Raisins	...	...	...		6
Cream	...	...	...		20
Ice Cream	...	...	...		16
Cheese	...	...	...		4
Tea	...	...	...		8
Figs	...	...	...		2
Cocoa	...	...	...		3
Dried Milk	...	...	...		32
Bread	...	...	...		11
Cake Mixture	...	...	...		19
*Chocolate	...	...	...		91
Sausages	...	...	...		30
Eggs	...	...	...		271
*Cereals	...	...	...		868
*Semolina	...	...	...		5,040
Total Weight ...					227,413

The greater part of items marked * were left at the disposal of the Ministry of Food (Salvage Division).

Shell Fish.

Supplies of shell fish coming into the Borough received attention in an endeavour to ensure that they had first been subjected to treatment in purification tanks before being offered for sale. Certain known suspect sources were excluded.

SECTION 10



Mental Deficiency

Mental Deficiency Acts, 1913-1938

St. Catherine's Certified Institution.

The accommodation allotted to Halifax is as follows :—

Males, High Grade (Adults)	...	...	21	Beds
Females, High Grade	...	...	23	„
Males, High Grade (under 16 years of age)	...	...	8	„
Females, Low Grade	...	...	4	„
Males, Low Grade	...	...	4	„
Total	...	...	60	„

The following Table shows the Institutional arrangements provided for the accommodation of local patients :—

Name of Institution	Sex of Cases Received	Ages	Accommodation for		Grade	Remarks
			Males	Females		
Mid-Yorkshire Institution, Whixley, nr. York	Males	Over 16 years	21	—	High	
St. Catherine's, nr. Doncaster	Males	Over 16 years	21	—	High	
		Do	4	—	Low	
		Under 16 years	8	—	High	
	Females	Do	—	4	Low	
		Over 16 years	—	23	High	
Welfare Home, Halifax	Males and Females	Over 16 years	6	6	Active Medium to Low Grade	

The following Table shows the position on December 31st, 1945 :—

Cases " Subject to be dealt with " :—	M.	F.	Total
1. Under " Order "			
In Institutions (excluding cases on licence)	59	53	112
On Licence from Institutions	3	1	4
2. In " Places of Safety "			
Under Statutory supervision	63	72	135

SECTION 11



**The
Halifax General Hospital**

The Halifax General Hospital

LIST OF MEDICAL OFFICERS.

FULL TIME.

- Mr. H. I. DEITCH, M.S. (Lond.), F.R.C.S., Medical Superintendent and Surgeon.
- Mr. N. EMBLIN, M.D., F.R.C.S. (Edin.), M.M.S.A., M.R.C.O.G., Deputy Medical Superintendent and Obstetrician and Gynaecologist.
- Dr. D. C. BAUGH, M.B., Ch.B., D.R.C.O.G., Senior Resident Obstetric Officer.
- Dr. J. McKENNEL, M.B., Ch.B., Senior Resident Medical Officer. and Five other Medical Officers.

PART TIME.

- Dr. D. RAWSON, M.B., Ch.B.
- Dr. C. G. BLAKELEY, M.B., Ch.B.
Visiting Anaesthetists..

ATTENDING ONCE OR MORE WEEKLY.

- Mr. W. J. L. FRANCIS, M.Ch., F.R.C.S. (on Active Service), Temporary Surgeon.
- Mr. R. W. HENDRY, F.R.C.S. (Edin.), Temporary Surgeon.
- Mr. W. O. LODGE, F.R.C.S. (Edin.), Ear, Nose and Throat Surgeon.
- Dr. W. MACADAM, M.D., F.R.C.P., Consulting Physician.
- Dr. L. GLICK, M.R.C.P., Temporary Consulting Physician.
- Dr. B. L. JEAFFRESON, F.R.C.S., L.R.C.P., M.R.C.O.G., Consulting Obstetrician and Gynaecologist.
- Mr. G. HYMAN, F.R.C.S., Orthopaedic Surgeon.
- Dr. N. V. PHELON, M.R.C.P., Pathologist.
- Dr. A. POLLITT, B.A.O., D.M.R.E., Radiologist.
- Dr. N. M. MONTGOMERY, M.B., Ch.B., D.P.M., Psychiatrist.
- Dr. I. A. FELDMAN, M.R.C.S., L.R.C.P., Physician for Functional Nervous Diseases.
- Mr. R. ROSS, L.D.S., Dental Surgeon.

CONSULTANTS ATTENDING ON REQUEST.

- Dr. R. W. GREATOREX, M.B., Ch.B., Ophthalmic Surgeon.
- Dr. C. W. VINING, M.D., F.R.C.P., Pedaetrician.
- Mr. P. R. ALLISON, M.Ch., F.R.C.S., Thoracic Surgeon.
- Mr. E. R. FLINT, F.R.C.S., Consulting Surgeon.
- Dr. A. BIGHAM, M.D., Dermatologist.
- Dr. R. F. HELLIER, M.D., F.R.C.P., Dermatologist.
- Mr. W. R. HENDERSON, F.R.C.S., Neuro-Surgeon.

LIST OF OUT-PATIENT CLINICS.

MONDAY	Mr. W. O. Lodge	Ear, Nose and Throat	2-0 p.m.
WEDNESDAY	Mr. G. Hyman	Orthopaedic (By appointment only)	9-30 a.m.
	Dr. Montgomery	} Psycho-neurosis (By appointment only)	2-0 p.m.
	Dr. Feldman		
THURSDAY	Dr. Feldman	Child Guidance Clinic (By appointment only)	2-0 p.m. 6-0 p.m.
FRIDAY	Dr. Montgomery	Psycho-neurosis (By appointment only)	2-0 p.m.

CLINICS HELD DAILY.

Mr. H. I. Deitch	Surgical	10-30 a.m.
Mr. N. Emblin	Gynaecological	10-30 a.m.

DEPARTMENTS OPEN DAILY.

Ante-Natal Clinic	...	...	10 a.m.
Post-Natal Clinic	Wednesday only	...	10 a.m.
Consultation Ante-Natal Clinic	Thursday only	...	10 a.m.
Physio-Therapy Department	...	} 9-0 a.m. to 12 noon and 2-0 p.m. to 4-0 p.m.	
X-Ray Department	...		
Pathological Department	...		

Patients can be referred directly to any Department by General Practitioners.

WORK OF THE HOSPITAL DURING THE PAST YEAR.

X-Ray Department. Radio-diagnosis only.

The work of this department is steadily increasing, the total number of patients being examined during the past year being 4,630. The staff now consists of three qualified Radiographers and one student. Patients can be referred directly to the Department by the general practitioners.

Pathological Department.

The Hospital gas decontamination unit for wounded cases has been converted into a temporary Pathological Department and now gives adequate room for the staff. This Department is available at all times for the use of general practitioners who can send their patients directly to the Department to have investigations undertaken.

REPORT COVERING THE WAR YEARS from 1940 to 1945.

During the years 1940, 1941 and 1942, "Monthly Returns" were submitted to the Health Department as usual. The

following figures give the total number of examinations carried out during these years only, while complete figures are given for the years 1943, 1944 and 1945 :—

Year	Morbid Anatomy	Bacteriology	Bio-Chemistry	Total
1940	—	—	—	5538
1941	—	—	—	6005
1942	—	—	—	6854
1943	2442	3451	1440	7333
1944	2926	3948	1346	8220
1945	2790	3831	1780	8401

The following are in addition to the figures quoted above :—

1941—Donors grouped for Regional Blood Trans-	...	...	...	...	2,360
fusion Service	...	...	...	...
1941—Donors bled for Transfusion purposes	...	...	...	...	314
1942—	„	„	„	„	75

The considerable increase in pathological investigations during these years necessitated an increase in the staff of the Department. The original staff of two technicians in 1940 was augmented by the addition of two apprentices, one being engaged in July, 1941, and the other in September, 1944.

The present staff is as follows :—

- 1 Chief Technician, F.I.M.L.T. (Fellow of the Institute of Medical Laboratory Technicians).
- 1 Senior Technician, A.I.M.L.T. (Associate of the Institute of Medical Laboratory Technicians).
- 1 Junior Technician.
- 1 Apprentice.

The Department is now well accommodated and equipped to undertake all but a few of the pathological investigations likely to be required, and also offers full facilities for the training of personnel as required by the Institute of Medical Laboratory Technology.

Gynaecological Department.

The Gynæcological Department has grown extensively in the last year—special clinics are held daily. Ward 9 is wholly devoted to these cases, and special attention is given to consultation and investigation into sterility and childless marriages.

Obstetric Department.

This is directly under the control of Mr. Emblin, who has been designated by the Council as a specialist on Obstetrics and Gynaecology. The staff now consists of an Obstetrician-in-charge, a senior and junior Obstetric Officer; this re-organisation will ensure a more expeditious service at the Ante-Natal Clinic, at which frequently over 100 women attend daily.

Mobile Transfusion Unit.

This has been used on more occasions during the last year than in any previous year. No patient, for whose benefit the Unit has been sent for has died, although on many occasions patients, when reached, appear to be moribund. On every occasion the Unit has been taken out by Mr. Emblin. The area served is the County Borough of Halifax and the whole of the Calder Valley including Todmorden. The services of the Unit are free.

Dispensary.

An additional Pharmacist has been appointed, the Department now consisting of a senior and junior Pharmacist, a Dispenser and a Student. The accommodation has been enlarged.

Catering.

The appointment of a Dietetician has been authorised by the Council and it is hoped that when the appointment is made, the catering at the Hospital, which is recognised as already at a high standard, will become more scientific and even more efficient as well as economical.

Nursing Staff.

The present position is that 211 Nurses are employed and 35 Ward-orderlies. This compares with 85 total Nursing Staff in 1937, when an average of 260 beds was occupied, 2,500 patients being admitted during the year and the Nurses were working 60 to 70 hours weekly. It will be seen, therefore, that with approximately 500 beds occupied with a turnover of 9,000 patients, and Nurses working 50 to 52 hours weekly, the Nursing personnel is still well below 1937 standards.

Nursing Staff Employed.

General Hospital Wards—

Administrative Staff	...	...	...	...	7
Sisters	...	...	...	...	20
Staff Nurses	...	...	...	...	13
Student Nurses	...	...	...	...	116
Students in Preliminary Training School	...	...	...	...	6
Male Assistant Nurses	...	...	...	...	2

Maternity Wards—

Sisters	...	...	...	...	...	8
Staff Midwives	...	...	...	...	...	3
Staff Nurses	...	...	...	...	...	2
Pupil Midwives	...	...	...	...	...	30
Total						207

Departments.

X-Ray—

Sister 1; Staff Nurse 1.

Ambulance Staff—

Sister 1; Staff Nurse 1; Orderly Attendants 7.

Nursing Staff—grand total 218.

Ward Orderlies—17 full-time; 18 part-time.

Examination Results, 1945.

State Examinations (three sessions)—

	Entered	Passed	Failed
Final	48	43	5
			Failed part— To re-enter
Preliminary	31	30	1
Central Midwives Board (Part I.)	54	49	5

Nursing Staff Accommodation.

Nurses' Home—

Single Rooms. 48—Accommodate only trained staff and one doctor.

Double Rooms. 7—Accommodate pupil midwives and student nurses.

Rhodesia Avenue—

Single Rooms. 11—for sisters plus five student nurses.

Double Rooms. 22

Billets—

Single Rooms. 22

Double Rooms. 20

Non-Resident—

Male and Female. 28

207 plus 1 doctor.

Savile Close—

This mansion has been purchased by the Health Committee and converted into residential and training accommodation for the combined Preliminary Training School which will cater for

the General Hospital and the Isolation Hospital Nurses. Approximately 15 members of the nursing staff will be in residence. The house stands in its own grounds and although some distance from the Hospital, is admirably suited for its use.

Male Nurses.

The Hospital was recognised before the war as a Training School for Male Student Nurses, but owing to the war no male student nurses were trained. During the last year this Department has commenced to function and there will soon be 10 male student nurses in training.

Male nursing will become in the future much more popular than before the war and many men will desire to become State Registered Nurses. The salary and conditions of work, together with additional payments during training for those who have spent one year in war service, compare advantageously with other forms of employment, and there are many remunerative openings for State Registered Male Nurses.

Rest Hut.

One Rest Hut next to the Nurses' Home is being converted into a dining-room for the nursing staff, the other Rest Hut is being converted into recreational accommodation for male student nurses and ward maids.

Gymnasium.

A large well-built prefabricated hut has been erected in the grounds close to the tennis courts. This has been subdivided into two portions, one of which has been equipped and makes a commodious, spacious and valuable gymnasium.

Almoner's Department.

The establishment of an Almoner's Department in August, 1943, was a further development of the Hospital's policy of offering to its patients a comprehensive service.

Disease and injury are not only medical problems, but frequently involve social conditions, varying in degree with each individual patient. Living conditions, type of employment, family relationships, all have a bearing, and the Almoner as a specialist in medico-social problems, takes her place alongside the other specialist departments of the Hospital.

The development of the Department has been slow but steady, new beginnings are always difficult, but the services of the Almoner are increasingly in demand with the growing realisation of the object of her work. The Department now has records of some 412 patients for whom some substantial piece of social work has been done.

On the Maternity side, the Almoner has seen an average of 140 new and 153 old patients a month, in connection with the various problems arising. Other specialised work was begun in September, 1945, with patients attending to see the Orthopædic Surgeon. Transport is always a special problem for these patients, particularly when coming for treatment, and the Department owes a debt of thanks to the W.V.S. for the excellent car service which they ran during the war, and to the British Red Cross Society for continuing the service for a trial period of six months.

The work done for patients on the wards is too varied to mention in detail, but has covered arrangements for convalescent treatment, for clothing, for the solving of pensions, health insurance and workmen's compensation problems, transfer to special schools, resettlement in industry and help and advice in domestic problems of all kinds. A close touch is kept with all the Societies and individuals in the town working on social problems, and 118 patients have been referred to these agencies for further help and advice, on leaving Hospital. The willing co-operation of the School Clinic, Maternity and Child Welfare Clinic, the Health Department, the District Welfare Officers, Assistance Board, Probation Officers, British Red Cross Society, Moral Welfare Workers, N.S.P.C.C. Inspector, Council of Social Welfare and Service, British Legion, and many others has been very much appreciated.

Regular visits to the Department by the Disablement Rehabilitation Officer from the Employment Exchange, were started in August, 1943, and have continued ever since, to discuss problems in resettlement in industry for individual patients. It is hoped before long that all patients who leave Hospital with a substantial disability will be speedily and satisfactorily placed in suitable employment, but the Government scheme is full of problems and difficulties which will take time and patience to settle. The Almoner was appointed a member of the Halifax and District Disablement Advisory Committee in July, 1945.

Until October, 1944, when a fully trained Occupational Therapist was appointed, the Occupational Therapy Department was a branch of the Almoner's Department, and a voluntary Red Cross Worker gave valuable assistance with the supervision of handicraft materials, etc.

Two examples must suffice to indicate the nature of the Almoner's work :—

1. A woman of 28 years with only one leg, visited the Antenatal clinic. It appeared that the amputation had taken place when she was four years old and her family had never been able to afford the cost of an artificial limb. She very much

wanted one, and while she was nimble on her one crutch the disadvantages, particularly when caring for young children, were obvious. The old records concerning the amputation were obtained and an application for an artificial limb made through the Government Scheme, but it failed because the patient was a housewife and not engaged on remunerative work. An appointment was made (and transport arranged through the W.V.S.) at the Limb Fitting Centre, Leeds, and on their Surgeon's opinion that the patient could wear an artificial limb, one was ordered through the Governors of Queen Mary's Roehampton Hospital. The cost was met by the West Riding Social Welfare Department and the patient made excellent progress in walking.

2. A young ex-service man aged 26 years, suffering from spondylitis, was evacuated to us from a London hospital during the flying bomb attacks. After months of treatment he was able to sit up at an angle but could not rest comfortably in an ordinary chair. A special chair was obtained from the Ministry of Pensions which enabled him to sit in comparative comfort and also to go out in the grounds. After a stay of eighteen months, when hospital treatment was no longer necessary, a vacancy was obtained at the Star and Garter Home for Disabled Ex-service Men, Richmond, an excellent Home, which tries to give the men the widest possible life and interests, and the patient has settled happily. His relatives are within easy reach for visiting.

Provision for Education of Children.

Many children of school age have to spend long periods in the Hospital undergoing treatment, chiefly for rheumatic and orthopaedic conditions and their education suffers very much.

When Occupational Therapy was introduced into the Hospital for adults, it was realised that these children must be considered too, and a volunteer, who was also a trained teacher, Mrs. A. Beverley, was found through the Almoner. She gave faithful service twice a week for over a year.

At the beginning of 1945 the Ministry of Health recognised the work, and the Hospital was able to obtain through the Local Education Authority, a qualified teacher who was supplied with the necessary materials, to give regular lessons and handicraft tuition to these children. The patients are much happier when their minds are occupied and look forward to the visits of the teacher, Miss Robertson. They are eager to accept her tuition, and when they leave Hospital and return to school, they find that they are not at too great a disadvantage with their fellow pupils.

Clinics for Functional Nervous Disorders.

Dr. Montgomery was able to resume his visits to the Hospital in January, 1945, after a break of six years. He holds two clinics a week and an appointment system is worked by the Almoner. To the end of May, 77 new patients had received consultations, and the average attendance each afternoon was six patients.

A Thursday evening clinic for those patients who are working has recently been started under Dr. Feldman, and it is felt that the number of patients attending will rapidly increase once the service is widely known.

Child Guidance Clinic.

Dr. Feldman has also started a Child Guidance Clinic in conjunction with the Local Education Authority for the treatment of school children referred by the School Medical Officers. A report is obtained from the Head Teacher and the School Attendance Officer, and it is hoped to build up a comprehensive clinic and later to have a playroom for the younger children so that their actions and behaviour can be observed. The Almoner is available to obtain reports on social conditions where the psychiatrist desires it.

Occupational Therapy Department.

The Occupation Therapy Department was opened in August, 1943, and run by the Almoner together with teachers provided by the Halifax Technical College, also voluntary helpers. Work was begun with military patients in a room in the clinic and also in the two military wards, on several afternoons per week. A voluntary teacher also took charge of the children's ward but was replaced in February, 1945, by a Board of Education teacher.

In September, 1944, a larger room was taken and equipped for Occupational Therapy only, and in October, 1944, a Qualified Occupational Therapist was appointed.

Work was then carried out with bed patients in the wards each morning, and the Department was open each afternoon for up-patients. In November, 1944, 75 patients were on the register as attending the Department. Up to October, 1944, the work given to the patients had been purely occupational in nature, but since then the crafts were graded for their remedial value, and each patient is encouraged to do work which will most benefit his illness or injury. Apparatus and tools were obtained from the Ministry of Health to supplement the existing equipment.

About this time the Central Council for Adult Education for H.M. Forces took over the payment of the teachers, and some of the voluntary assistants were incorporated in the scheme.

A full-time Assistant Occupational Therapist was appointed in January, 1945, which enabled the Department to be opened for those having remedial treatment for two hours in the mornings, and thus co-ordinate a treatment scheme for these patients with the Physiotherapy Department and the Gymnasium.

With the co-operation of the Army Education Corps, lectures and excursions to places of educational interest were arranged for the men. Also the civilian patients (except Maternity patients) were included.

In June, 1945, 114 patients were attending the Department. A further Assistant Occupational Therapist was appointed in September, 1945. The Department was then opened for all up-patients, both in the morning and afternoon. At the beginning of October, 1945, work was begun with the patients at the Halifax Sanatorium, Shelf, on one afternoon per week, by one, and when possible, two members of the Hospital staff, joining the Red Cross workers who had begun work there six weeks previously.

The Department is now working in close co-ordination with the Physiotherapy Department, and both in- and out-patients are passed on from that Department for further and progressive treatment by Occupational Therapy.

The military patients have now decreased and the main work is now done in the wards.

Tonsils and Adenoids.

In addition to carrying out the removal of tonsils and adenoids for the Halifax Education Authority, agreements have been entered into to perform similar service for the Brighouse and Todmorden Local Authorities. As a result of this service, no child in the Hospital area need wait for the carrying out of this operation when recommended by a medical man.

Medical Library.

As a result of a decision of the Health Committee in 1937, a medical library was established of periodicals and certain textbooks available not only to the Hospital Medical Staff but also the medical men working in the area. The periodicals compose :—

British Journal of Surgery.

Journal of Obstetrics and Gynæcology of the British Empire.

American Journal of Obstetrics and Gynæcology.

Lancet.

Practitioner.

Quarterly Journal of Medicine.

Archives of the Diseases of Childhood.

Ambulance Service.

A centralised ambulance service was set up at the General Hospital by resolution of the Council—this was one of the

first centralised comprehensive service to be set up in this country by a Local Authority—at the time of its inception, only one or two other authorities in the country had such a service.

The equipment comprises five ambulances and a sitting case car. Three ambulances fully manned are on duty all day and two at night, and a reserve is always available at the Stoney Royd depot of the Halifax Transport Department.

The attendants, male and female, are employed on Hospital duties when not engaged with the ambulance—this enables a considerable economy in running costs to be obtained.

Charges for Ambulance :—

Halifax cases transferred inside the Borough, 5/- flat rate.

Residents inside the Borough transferred distances, 1/6 per mile for the first 50 miles, 1/- thereafter.

Residents outside the Borough, 1/6 per mile.

Charges for Sitting Case Car :—

Transfers for patient inside the Borough, 3/- flat rate.

Residents outside the Borough, 9d. per mile.

The service, by agreement, is not limited to Halifax but includes the whole Hospital area, and this enables any case requiring an ambulance for which a local ambulance cannot be obtained, to be rapidly procured. The sitting case car is one of the most important of the ambulance adjuncts, its purpose is to bring out-patients to the Hospital and to take them home again. The charge is 3d. per mile, but the Almoner has been given authority to waive this in whole or in part in necessitous cases.

1. Number of Maternity cases delivered	...	...	1461
2. Number of Stillbirths	...	...	35
3. Number of deaths among the newly born (i.e., under 10 days of age)	...	...	26
4. Total number of deaths among the children under 1 year of age (including No. 3)...	...	...	72
5. Number of maternal deaths among women confined in Hospital	...	...	3
6. Total number of deaths	...	...	562
7. Total number of discharges (including infants born in Hospital)	...	...	7556

8. Duration of stay of patients included in 6 and 7 above :—

Number of cases whose total stay was for the following periods :—

(a) Four weeks or less	...	...	...	7299
(b) Exceeding four weeks but under 13 weeks...				703
(c) Thirteen weeks or more	...	...	...	116

9. Number of beds occupied :—

(a) Average during the year	...	...	...	506
(b) Highest—560 on 23/4/1945.				
(c) Lowest—358 on 17/8/1945.				

10. Number of surgical operations under general anæsthetic (excluding dental operations) :—

General	...	...	...	...	1945
Spinal	...	...	...	...	96
Local	...	...	...	...	351

Out-Patients.

There is no regular Out-Patient or Casualty Department, but many cases (chiefly surgical) attend for re-examination after discharge.

Cases are also seen in consultation with reference to admission, and a considerable amount of Out-Patient work is done in the Massage and X-Ray Departments.

Total number of persons seen in the Out-Patient Department	...	...	...	...	5939
Total number of attendances	...	...	...	...	15532

Ante-natal Clinic—

Number of Women seen...	...	...	...	1680
Number of attendances	...	...	...	10175

	1937	1938	1939	1940	1941	1942	1943	1944	1945
Daily average number of Patients in the Hospital	318	354	330	333	365	384	412	471	506
Total number of Patients admitted or born	3439	4293	4392	4701	6106	6603	7591	8725	8101
Number of operations performed	837	1173	808	1109	1770	1635	2112	2392	2737
Number of deliveries	644	754	898	850	1044	1213	1446	1821	1461
Number of maternal deaths	4	4	5	2	6	2	6	4	3
Number of E.M.S. Patients admitted	—	—	—	297	872	1089	1049	1958	1630
Average daily number of E.M.S. Patients...	—	—	—	20	48	59	52	112	120
Number of operations for Tonsils and adenoids during year	213	278	142	180	295	270	362	267	247
Number of Royal Halifax Infirmary Fund contributors	Nil	Nil	Nil	Nil	Nil	Nil	228	717	727
Number of West Riding assisted cases	565	721	559	479	575	516	680	629	650
Number of West Riding maternity cases...	172	270	167	141	179	193	251	425	290
Number of private Patients	128	194	189	204	222	223	238	209	174

Maternity beds	...	...	...	...	...	80
Maternity cases admitted during the year	...	...	...	...	...	1952
Cases delivered by :—						
(a) Midwives	...	...	...	...	...	1311
(b) Doctors	...	...	...	...	...	150
Maternal deaths	...	...	...	...	...	3
Stillbirths	...	...	...	...	...	35
Infant deaths within 10 days of birth...	...	...	...	...	...	26

SECTION 12**Infectious Diseases**

Prevalence of, and Control over Infectious Diseases

Enteric Fever.

No case of this disease was notified during the year. No death occurred.

The following Table shows the incidence of Typhoid Fever (including para) in Halifax during the past 10 years:—

1936	1937	1938	1939	1940	1941	1942	1943	1944	1945
3	1	—	—	5	1	1	2	—	—

Small-Pox.

No case of this disease occurred during the year.

Ophthalmia Neonatorum.

The following Table shows the number of cases notified, and where they were treated:—

Notified	Treated	
	at Home	at Hospital
2	1	1

Cerebro-Spinal Fever :—

No case of this disease was notified during the year.

Diphtheria Immunisation.

Number of persons having had full course of injections since inception of Scheme :—

Year	Under 5 years	Over 5 years	Total
1943	853	671	1524
1944	689	296	985
1945	841	315	1156

ISOLATION HOSPITAL.

The Isolation Hospital is situated at Northowram, on a site of 32 acres and at a height of 800 feet above sea level. The nearest railway station is Halifax, 3 miles distant. The bus route between Halifax and Northowram is one quarter of a mile away.

There are about 10 acres available for expansion. Cases are admitted (by agreement) from Luddenden Foot, Midgley and part of Sowerby Bridge Urban District Council. Cases are admitted from other areas if accommodation is available.

Accommodation is as follows :—

	Beds
Scarlet Fever. 2 blocks of 26 beds each...	52
Diphtheria. 1 block of 26 beds...	26
1 Cubicle block ...	12
1 other block ...	6
	96

Also, there is an Administration Block (the old Hall), a Nurses' Home (built at the time the ward blocks were erected), and the usual out-offices :—laundry, garage, laboratory, dispensary and mortuary.

If any extensions of this Hospital are contemplated, I strongly recommend an additional cubicle block—by FAR the most useful unit in an Isolation Hospital.

I am indebted to Dr. S. Carter, the Resident Medical Officer, for the following Report :—

Scarlet Fever.

The number of cases admitted was 163, of whom 143 were Borough cases and 20 out of Borough cases. The type of the disease was mild.

Diphtheria.

During the year 125 cases (95 Borough and 30 out of Borough cases) were admitted as Diphtheria. Of these, 66 were found to be not suffering from Diphtheria. The average length of stay for Diphtheria was 57 days. There were 6 deaths from Diphtheria.

Typhoid and Paratyphoid.

1 case was admitted.

Erysipelas.

8 cases were admitted.

Measles.

35 cases were admitted.

Chicken Pox.

6 cases were admitted.

Mumps.

20 cases were admitted.

Whooping Cough.

22 cases were admitted.

Pneumonia.

1 case was admitted.

Other Diseases.

Rubella 5; Vincent's Angina 1; Enteritis 2; Dysentery 2; Poliomyelitis 1; Cerebro-spinal Fever 1.

Laboratory Report.

The following examinations were carried out :—

Test	Positive	Negative	Total
Swabs for K.L.B. ...	201	700	901

Disinfection.

The following articles were disinfected :—

Patients' articles	...	...	...	2825
Hospital bedding and clothing	...	...	...	4535
Sanatorium bedding and clothing	...	...	...	48
Sundry articles	...	...	...	—
				7408

219 "stovings" were carried out.

SECTION 13



Venereal Diseases

Venereal Diseases

In conjunction with the County Authorities, a joint clinic for the treatment of venereal diseases is held at the Royal Halifax Infirmary.

The clinic is open for women and children every Tuesday afternoon from 3-30 to 4-30, and from 6 to 8 p.m. For men, every Thursday between 6 and 8 p.m. Also an auxiliary treatment centre for men is open daily from 10 a.m. to 12 noon, and 6 to 8 p.m., and on Sundays from 10 a.m. to 12 noon.

Dr. R. W. Hendry, M.B., F.R.C.S. (Ed.), and Dr. H. V. Phelon, M.R.C.P. (Lond.), are in charge of this Clinic.

Co-ordination between this and the Maternity and Child Welfare Service has been secured by the attendance of one of the Health Visitors at the Tuesday afternoon and evening sessions.

The following figures refer to local patients attending Treatment Centres:—

Number of persons dealt with for the first time during the year, and found to be suffering from					Local Clinic	Other Clinics
Syphilis	...	...	...	...	50	—
Soft Chancre	...	...	...	...	—	—
Gonorrhoea	...	...	...	...	67	1
Conditions other than Venereal	...	...	...	...	97	6
Total					214	7
Total attendances at the out-patient clinic					5018	45
Aggregate number of in-patient days...					369	—

Pathological Work.

Specimens examined at the Treatment Centre :—

Microscopical—For Syphilis	...	...	12
—For Gonorrhoea	...	...	1338

Halifax new cases (excluding Service cases) :—

Year	Syphilis	Gonorrhœa	Note
1935	35	79	Pre-War Period
1936	33	83	
1937	36	90	
1938	40	95	
1939	35	89	Part War Period
1940	45	96	War Period
1941	33	66	
1942	34	40	
1943	49	56	
1944	45	49	
1945	50	67	Part War Period

SECTION 14



Disinfestation

Water

Disinfestation

The disinfestation arrangements in operation in Halifax are as follows :—

Disinfestation Station, Charlestown.

Here we have a plant which was installed in 1936 for the disinfestation of household furniture and other goods by what is known as the "Galardi" process of Cyanide fumigation. At that time, and until the war broke out, the household effects of all tenants removing from slum clearance areas to Corporation houses were passed through the plant. Bedding and other soft goods were disinfected by steam—a steam disinfector having been removed from the old Stoney Royd Isolation Hospital and re-erected in part of the building at Charlestown.

Since the war this plant has only infrequently been used, due to the fact that there are no removals from slum clearance areas and few removals from other houses into Corporation houses. We have always a supply of HCN, however, and the plant is used when necessary.

Disinfestation of other than Corporation houses.

Owing to the difficulty, and indeed danger, of disinfesting back-to-back houses with HCN gas, it is usual for us to deal with these by means of infestation blocks, such as "Cimex" and/or effective liquid vermicides, together with steam disinfection when considered necessary. For some time now we have been making use of DDT and "Gammexane," though more particularly in the case of housefly infestations. We have not yet discovered whether these preparations are in any way comparable to HCN when dealing with bugs.

Corporation Houses.

Since April, 1943, all bug-infested Corporation houses are treated with HCN gas by the Yorkshire Fumigation Services Limited, who are under a yearly contract. They carry out the disinfestation and remove bedding and other soft goods to our Charlestown station, where they are disinfected by steam. Since the above date about 130 houses have been so treated.

General.

In addition to dealing with bug-infested premises, however, we have dealt with large numbers of houses and other properties infested with rats and mice, cockroaches, moths, steam flies, etc.

CLEANSING.

I am indebted to Mr. A. J. Burrell, Director of Public Cleansing, for the following notes :—

The work of refuse collection has been regularly carried out, and the separate collection of kitchen waste continued throughout the year. The total quantity of refuse collected was 24,113 tons.

Salvage operations have again been intensively kept in prominence, and the income from sales of reclaimed materials has provided the substantial revenue of £17,717.

With the return of workers from the Forces, it is hoped the Department will soon regain its pre-war efficiency.

Water

I am indebted to Mr. H. F. Lea, Waterworks Engineer and Manager, for the following Report in respect of Water :—

1. Where a piped supply of water is afforded, the whole of the water is filtered and sterilised, with the exception of part of Mixenden, which is sterilised only. This latter supply will shortly be dispensed with and a supply afforded from the main distribution system.

Bacteriological examinations are made of both the crude water and the filtered water. The samples for the former are usually taken at a point immediately prior to filtration, and the latter from points all over the area of supply.

The following are the number and results of bacteriological examinations, taken in 1945 :—

No. of samples examined of raw water	251
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No. of samples examined of filtered water	397
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No. of organisms in 1 ml. growing on Agar at 22°C. 72 hours. Raw water.	
--	--

Usually between 40 to 100, Maximum 480.

No. of organisms in 1 ml. growing on Agar at 22°C. 72 hours. Filtered water.	
---	--

Between Nil to 482, Average about 2—20.

No. of presumptive B.Coli per 100 ml. Raw water.	
--	--

Between 2 to 180.

No. of presumptive B.Coli per 100 ml. Filtered water.	
---	--

Nil.

CHEMICAL ANALYSIS—RAW WATER.

					Parts per 100,000
Total Solids	...	...	...	...	5.98
Loss on ignition (a) heated gently	...	...	...	...	0.96
(b) heated strongly	...	...	...	...	1.44
Combined Chlorine	...	...	...	...	1.35
Free Amonia	...	...	...	...	0.0068
Albuminoid Ammonia	...	...	...	...	0.0152
Oxygen absorbed	...	...	...	...	0.3191
Temporary Hardness	...	...	...	...	0.4
Permanent Hardness	...	...	...	...	1.6
Total Hardness	...	...	...	...	2.0
Nitrates	...	...	...	...	0.011
Nitrites	...	...	...	...	Nil.
Colour	...	...	...	...	Hazen 120°
P.H. value	...	...	...	...	4.95

2. The crude water is liable to promote plumbo-solvent action, but the P.H. value is corrected at the filtration plants to 8.5. No plumbo-solvent action takes place in the filtered water, except possibly to a very slight degree on new lead.

3. The gathering grounds are controlled where the land is owned by the Corporation. One small supply to Mixenden can be contaminated by faecal pollution, but this supply is being heavily chlorinated pending an alternative supply being afforded. The results after chlorination are of the highest standard, bacteriologically. All other supplies are also chlorinated.

The Roils Head service reservoir, which receives filtered and sterilised water, is an open one, and is liable to atmospheric pollution. This water is again treated with Chlorine and Ammonia to maintain residual chlorine.

4. No. of dwellinghouses supplied by mains,

Borough only	29,000
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Population supplied :

(a) direct to house	98,000
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(b) stand pipes	None
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General Summary of Meteorological Observations taken at the Central Public Library, Belle Vue, Halifax, from January 1st, 1945, to December 31st, 1945,
By FRANK HAIGH, CHIEF LIBRARIAN.

LATITUDE OF STATION = 53° 43' N. LONGITUDE = 1° 52' W. HEIGHT ABOVE SEA LEVEL = 625 FEET.

1945.	Pressure of Atmosphere in Month.		Temperature of Air in Month.							Mean Temperature.		Vapour.			Mean degree of Humidity. Saturation=100.	Mean Weight of a cubic foot of Air.	Mean Reading of Thermometer.		Wind.										Mean amount of Cloud.	Rain.		REMARKS
Month.	Mean at 32° F. and Sea Level.	Range.	Highest.	Lowest.	Range.	Mean.			(Adopted.)	Dew Points.	Elastic Force.	In a cubic foot of Air.		Maximum in Rays of Sun.			Minimum on Grass.	Estimated Strength.	Relative proportion of													
						Of all Highest.	Of all Lowest.	Daily Range.				Mean.	Short of Saturation.						N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calms.	No. of Days it fell.		Amount Collected.		
	ins.	ins.	°	°	°	°	°	°	°	°	ins.	grs.	grs.		grs.	°	°													ins.		
January	29.760	1.844	46.1	13.0	33.1	36.7	27.2	9.5	32.1	26.0	0.141	1.7	0.4	77	547.0	51.8	27.2	4.0	7	7	—	—	—	6	6	15	6	6.7	22	3.55	The observations have been reduced to mean values by Glaisher's Barometrical & Diurnal Range Tables, and the Hygrometrical results have been deduced from the seventh edition of Hygrometrical Tables, after corrections for Index errors of the Instruments employed.	
February	29.983	1.480	57.0	29.5	27.5	47.3	36.8	10.5	41.9	39.8	0.245	2.8	0.3	92	535.3	66.9	34.8	4.0	—	—	—	2	2	18	17	3	1	8.4	19	3.67		
March	30.231	1.036	64.6	26.4	38.2	50.9	38.2	12.7	44.8	38.5	0.233	2.7	0.7	78	532.3	82.7	35.5	3.5	—	2	1	3	—	8	20	15	—	6.7	9	0.83		
April	30.055	0.986	70.0	28.0	42.0	53.6	38.5	15.1	46.5	38.5	0.233	2.7	1.0	73	530.1	90.6	38.1	3.5	1	2	4	8	—	6	8	8	5	5.9	12	2.71		
May	29.828	0.542	74.7	32.0	42.7	56.6	41.3	15.3	49.4	43.8	0.286	3.3	0.8	80	526.7	97.3	40.4	3.5	3	4	1	9	1	15	1	6	2	7.0	20	3.22		
June	29.913	0.786	77.8	42.1	35.7	61.4	47.7	13.7	54.4	48.1	0.334	3.8	0.9	80	522.3	106.5	48.0	4.5	—	2	2	6	—	19	6	9	1	6.7	22	3.68		
July	29.914	0.540	78.3	47.0	31.3	65.7	51.7	14.0	59.6	50.6	0.369	4.1	1.7	71	516.0	111.9	51.0	3.5	2	1	4	4	1	13	7	10	2	6.9	15	1.40		
August	29.865	0.862	76.0	47.0	29.0	65.1	50.0	15.1	56.0	50.4	0.367	4.1	1.3	76	518.1	106.5	48.1	3.5	2	11	4	7	—	4	5	11	3	6.5	11	3.42		
September	29.994	0.792	73.0	41.7	31.3	60.5	47.8	12.7	54.0	48.1	0.334	3.8	0.9	80	522.3	99.2	46.4	4.0	1	7	2	3	—	15	3	8	3	7.2	15	1.98		
October	29.979	1.928	63.0	40.4	22.6	56.5	45.7	10.8	50.7	46.9	0.323	3.6	0.6	86	525.5	81.4	40.8	3.0	1	1	3	7	1	13	12	3	7	6.9	13	5.23		
November	30.068	0.488	54.7	30.0	24.7	47.2	40.6	6.6	43.9	41.8	0.265	3.0	0.3	92	533.1	59.5	37.3	3.0	3	11	7	8	—	2	5	3	9	8.3	10	0.33		
December	29.731	1.868	53.6	2.60	27.6	44.2	35.1	9.1	39.6	35.4	0.207	2.4	0.5	84	537.8	52.1	31.0	3.0	1	—	3	12	—	12	3	12	2	7.1	20	2.02		
Annual Means	29.943	1.104	6.57	33.6	32.1	53.8	41.7	12.1	47.7	42.9	0.278	3.2	0.8	81	528.9	83.9	39.9	3.6	2	4	3	6	5	11	8	9	3	7.0	—	—		

The Mean Monthly Readings of the Earth Thermometer, four feet below the surface, were as follows:—

January, 41°	February, 41°	March, 44°	April, 47°	May, 49°	June, 52°
July, 55°	August, 57°	September, 56°	October, 53°	November, 50°	December, 46°

Highest Readings = 57° on Aug. 4th to 22nd.

Lowest Readings = 40° on Jan. 31st to Feb. 8th.

Rain fell on 188 days, and measured 32.04 inches.

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